

## **ZAMBIA NATIONAL FACILITATION TEAM: A CASE STUDY of a human capacity development initiative**

By Alison Rader in association with Simon Mphuka, Susan Lucas, Ian Campbell

This paper is the story of the development in Zambia of a country-wide Support And Learning Team, known as a SALT<sup>i</sup>, since September 2001. Here we will explore the questions of what the team represents, why it is needed, what kind of action it takes, and what is being learned.

### **What is a “national facilitation team”?**

This is not a new structure, but instead it is a tool for scaling up and out, and a means to stimulate the active partnership of communities. The team is an approach, a function, and a way of working.

It is national, in the sense of a nation, made up of many different people and locations. It is a team, in the form of an expanding pool of people who meet together and who can combine in any combination to work together. The purpose is to affirm and stimulate local responses, and to encourage multilevel organizations to connect realistically with local responses. Realistic engagement includes learning from local experience and action, and transfer of that learning, both to organizations and to other local responses. These actions are part of what is referred to as a ‘facilitation approach’<sup>ii</sup>

A National Facilitation Team is an expression of Human Capacity Development, in that it is a tool for the strengthening of responses which are not based in technology but based in relationship, culture, community, and thereby based in the resources which are already present.

### **Why is a national facilitation team needed?**

A conviction has been heard in some contexts over the past few years, notably at the ICASA Conference held in Lusaka in 1999 as well as in the Durban XII International AIDS conference in July 2000. This voice of conviction has been saying that African communities are responding, not sitting passively or waiting to be organized – and yet organizations have been functioning, as though they are the whole response, trying to pull communities along.

At the same time, there has been an increasing concern internationally that capacity within the whole fight against HIV and AIDS has been defined almost wholly in technical terms. There has been a gap, in that human capacity for response has not been acknowledged enough and factored into strategy formulation.

The idea of human capacity has been circulating,<sup>iii iv</sup> and it was a discussion at the UNAIDS/ Technical Network Development (TND) office in Geneva in March 2001 that stimulated action, which influenced the formation of the National Facilitation Team in Zambia. The discussion in Geneva led to the idea of human capacity development affecting organizations as well as local responses. This in turn led to the idea of a

strategic link between organizations through a facilitation team approach. Expanding this form of collaboration can strengthen and accelerate local response.<sup>v</sup>

### **What does the team do?**

The team responds to invitations, which may be from district or diocese level, or from local community or local organization, and usually come from an individual within the context who has heard about the national team and wants a visit. A pattern of work involves team visits within local contexts, in company with any local organizations or groups that may be active in the area.

The process is to acknowledge the action of members of the community, based on the strengths of local relationships, outside of organizational initiatives, in view of the inherent holism (or ‘systems thinking’) of local communities.<sup>vi</sup>

Often, community members do not immediately volunteer their own initiatives, being accustomed to organizations taking the initiative. The team uses an approach of facilitation and participation approaches including home visits, community discussions, clarification of concerns, and resource and asset mapping.

The result is a first step of reorientation by a local organization, to become more involved and responsive to the local response. The direction of ‘standing alongside’ and of participating with the local experience must be nurtured, to avoid reversion into a standard organizational culture of organizing others and subdividing communities, thereby fragmenting response. Participation is a first step of learning to recognize the knowledge of the community so that the organization can be led by the community’s initiative and vision, as it emerges.

A further result is the enlivenment of the local community, to the extent that transfer of enthusiasm and motivation is transferred or shared, from that community outward to others.

Organizations working locally may also be brought together more effectively, in the context of shared learning from local experience and action.<sup>vii</sup>

### **For example:** <sup>viii</sup>

**In April 2002 the National Facilitation Team visited Mpika district,** where the local Catholic diocese has been active with many programs in the area. The facilitation team, together with members of the diocese staff, visited various homes, to look for strengths and responses, as well as to encounter the struggle.

### **What did they find?**

Four children are taking care of themselves, with no support from the extended family, but with rations from the diocese home care program and with piece work they find. They are conscious of exploitation in the work they find, and have even been robbed of their blankets while out working. They do not have friends aside from each other, because they have to use any available time to find jobs to do. Yet, they are

thinking about bringing other orphans under their roof to form a cooperative, and they are looking for a way to share with other children in the community through drama or music. At the end of the visit they offered guavas to the visitors, as a sign of hospitality.

A woman, whose husband died, is caring for eight children. She had a second husband, but sent him away because she couldn't 'do much for him' by giving him any children. She knows she is HIV+ and that her daughter needs a test too, but the daughter is not ready. So the mother is there with all the children, determined to have them educated, and saying that the only problem is hunger.

### **What was learned through these visits?**

The local organizations saw the community response in the homes, and became willing to look again at what they have been doing, in order to encourage and support the initiatives of people expressed in the living situation.

For example, they saw the strong potential for the young people, who are struggling to manage themselves, yet to be a source of courage and challenge to other young people in the area. The result would be an impact for prevention for the orphans themselves as they would find more reason to contribute to the community and preserve their own lives, and also an impact for prevention for other young people, faced with the personal stories of loss and the challenge of relating closely to the orphaned children. The diocese staff planned to discuss further with the young people, to agree on how opportunities for their outreach ideas can be created. The concerns about exploitation and theft will be discussed in community meetings, as the staff has a much better idea now of the issues which need an advocacy voice, in order to strengthen the expression of care by the community toward their own children.

What does the experience mean to the members of the team? How does this kind of interaction affect them? The following quotes come from two of the most active team members:

*"I have been working in the community for a long time. Now I feel accepted, because now people [from organizations] have come to understand what we were doing except we could not give it a name. Because people [from organizations] have not been able to come down to the people, they thought it was a new concept, but now the national facilitation team is fitting into the existing action of the community – they are not going to say what the community must do... the community people are expressing their own feelings and ideas. No one is speaking on their behalf, but they are speaking for and to themselves"* (Bernadette Sikankyika, SWAAZ, member of the National Facilitation Team; from personal interview, S. Lucas, 20 April 2002.)

*"The response from communities has been overwhelming. The communities had been looking to doctors and nurses to tell them what is HIV and what to do. Now, for the first time, people [in the communities] feel they can do something to fight against HIV/AIDS. They become innovative, and then you see the strength in these communities. The energy and drive is marvelous."* (Simon Mphuka, coordinator of the National Facilitation Team; from personal interview, S. Lucas, 20 April 2002.)

## **How has this team formed in Zambia?**

The team formed in Zambia as the result of various influences, including the Technical Network Development (TND) unit of UNAIDS Geneva, in partnership with an organization with experience that emphasizes interconnection between local and organizational responses (The Salvation Army), and in harmony with a conviction from within Zambia.

The idea at first was to have a workshop on the theme of human capacity development, as a pilot effort, and to do it within a single country context. This was seen as a channel for a National Partner Institution to express itself in the form of a learning organization, to develop and host such a workshop. Preparation was already beginning for the ICASA in Burkina Faso, where a symposium was planned on the theme of human capacity development, so a time frame emerged, to complete the workshop and report on it by the conference, scheduled for December 2001.

Zambia was explored as a potential location through a series of visits. First, a few people met informally, including the National AIDS Council Chairperson and two NGO people, together with the UNAIDS/TND associate. They felt it was worth further discussion, so the associate met with the UNAIDS Country Program Advisor. Then a working group was formed of interested people, including key nongovernment and church based organizations, and the UNAIDS Country Programme Advisor, with the formal agreement of the National AIDS Council and the national HIV/AIDS theme group as well as UNAIDS Geneva.

### **Preparation**

The working group met three times, in July, August, and September 2001, and once with the National AIDS Council secretariat.

Discussions involved the current situation in Zambia, the need to “go to scale”, and the belief that technical approaches are clearly insufficient. The discussion formed around an idea called ‘human capacity’, or the potential within every person to be part of a response, and the need for each person to have the opportunity to participate. In this context, the role of organizations becomes one of facilitating inclusion and catalyzing local responses.

There was agreement to hold a ‘Human Capacity Development’ workshop in October 2001, in which key government, nongovernment and community organizations could gather.

The working group took ownership, demonstrated by their commitment to co-facilitate, and their request that the workshop be seen as a national process without imported labels (not to be in ‘UNAIDS language’).

The idea of a national facilitation team was not explicitly part of the plan at the first meeting, but it was acknowledged as a possible outcome. The group agreed on the importance of a follow-up process from the workshop, and in the last meeting, they also agreed on the need for a field location to visit afterwards as the first action of the Zambia National Facilitation Team.

The present coordinator of the National Facilitation Team has said that his own commitment at this stage was based on a sense of shared belief in the strength of community, rather than a detailed understanding of the jargon or the idea of a national team [from personal interview, A.Rader, 16 April 2002].

## **Workshop 15-19 October 2001<sup>ix</sup>**

### **The workshop objectives were to:**

- Identify capacity development concerns of community
- Explore processes and potential for national collaboration
- Encourage collaboration among networks with focus on transfer, learning from action, and facilitation
- Establish a national facilitation team

**The process** included accumulative sessions on interlinked themes, drawing from the experience of the participants in:

#### **SALT (Support And Learning Team)**

A daily role play, in which small groups formed on the first day would meet again, and take the role of a Support And Learning Team, to discuss how they would facilitate at each stage of an unfolding scenario. Support and learning are two of the major functions of a facilitation team, so this was a method to explore the role in a consistent group.

#### **Concept analysis**

A sequence of sessions to examine and discuss foundational concepts for a belief in human capacity. The transcultural nature of human capacity to love and care for each other, to form in community, to change in response to challenges and needs, and to find hope in difficult circumstances, were all included. These represent human strengths, found in every community to one degree or another, which are the basis for community responses to difficulties. Organizations should work to affirm and support these strengths.

#### **Ways of working and thinking**

Reflection on the approach of organizations and support people in a facilitation role, in order to catalyse community response.

#### **Collaboration pathways**

Examples of collaborations were shared, and analyzed for the common principles and guidelines of working together with others.

### **Round table discussion**

Specific topics with speakers, gave time to discuss the technical network development unit, the idea of AIDS competence, the experience of facilitating as compared to implementing, methods for skills transfer, and learning from local action and experience.

### **Workshop dynamics and leadership**

The workshop process was intensively facilitated, in order to equalize the opportunity for participation, between those who were used to participating in workshop formats, and those from community based organizations who may not have had the same experience.

Through the period of the workshop, the leadership of the Zambian members of the coordinating team was increasingly evident. The group was clearly concerned that communities are not sufficiently accompanied, and concerned that organizations are continuing to work in traditional ways without really listening or understanding what is happening within the realities of community life. Many members of the group declared their commitment to become part of a change process within the country [see list of names, Appendix I]. A wave of patriotic fervor was felt and expressed at the conclusion of the workshop. The level of encouragement was high, and was affirmed strongly by the UNAIDS Country Programme Advisor present, and by participants from Uganda and Zimbabwe.

### **Workshop Outcomes**

- Commitment to human capacity development as a process of going to scale
- Commitment by 20 participants (and growing) to be members of the national facilitation team, based on the shared belief that community responses need nurture, and every community matters
- Affirmation of Churches Health Association of Zambia (CHAZ) as the national partner institution
- Agreement on the link of the National Facilitation Team with the National AIDS Council and Secretariat
- Agreement on the need for support from the UNAIDS/TND unit in the process

### **First steps of the National Facilitation Team**

#### **Immediate Practise: Visit to Kafue Gorge**

Volunteer members of the group visited a nearby area – Kafue Gorge -- on the day after the workshop. This was highly significant in stimulating the newly formed national facilitation team to strategize for further visits and action.

UNAIDS has maintained a role to mentor and support, not just a one-event viewpoint. This has been affirmed by a \$35,000 commitment toward the first 12 months of work, which enabled the team to begin action immediately.

#### **Definition of Terms of Reference:** [see full document, Appendix II]

---

The National Facilitation Team is an organic action and learning tool – it is a working group made up of members from any organization or level or context of the society.

It exists to encourage local (community) responses, to learn from local (community) responses, and to facilitate knowledge transfer between communities. The team helps develop linkages, provides a forum for experiential learning opportunities, and enhances the utilization of available resources.

The National Facilitation Team has the goal to demonstrate and strengthen a working culture of facilitation by networks and organizations so that local responses are strengthened and nurtured. Specific objectives are:

- Support to local responses through invitations
- Learning from local experiences and action
- Facilitation of community to community transfer
- Incorporation of lessons learned into institutions
- Synthesis of lessons learned

Team Composition:

The current team members self-selected in response to the Human Capacity Development workshop. They demonstrate their own motivation for involvement, on a voluntary basis. The team ethos, vision, and ways of working, are based on the clarification of these elements during the workshop itself.

Participating members are drawn from national and local networks, local communities, and organizations. They share a vision of going to scale in response to HIV/AIDS through emphasis on Human Capacity Development and local response.

In the initial stages, the National Facilitation Team will have both central and decentralized responsibilities, until such time as the role can be expanded into district and local Support and Learning facilitation teams. The expansion of the team is a high priority for the next two years.

Expected Outcomes:

- Establishment of the National Facilitation Team as an organic action and learning tool, of national significance and available to all
  - Increasing resource pool, beginning with 20 to include more people, gathered as the team takes action
  - Strengthened local responses, incorporating care, support, prevention, learning, and knowledge transfer.
  - Documented learning experiences of expansion of care and prevention linked in the Human Capacity Development context
  - Stimulation of organizational transformation within participating institutions and networks
- 

## **The Current Process**

The National Facilitation Team working group meets each month to review, think and plan together.

Each community visit is prefaced by the particular combination of team members meeting to discuss possible ways to approach the visit. The intention is to be as flexible as possible and yet focus on establishing a connection, exploring strengths, and affirming the current response. After each visit the particular team combination discusses and ‘debriefs’ the process to consolidate what has been learned, and to revise how the interaction could have been better on their part.

Synthesis meetings have been planned, as a time for team members to gather, share, and analyze the experience so far and as a tool for learning and reflection. These are intended to be a regular part of the team working culture. They provide the added benefit of a means to include new members. The first synthesis meeting took place six months after the team was formed, and it is expected that as the team becomes more active, there will be need for synthesis after three or four months.

The role of the associate organization (Salvation Army) for support includes synthesis, accompaniment, regular visits, debriefs, strategy discussions. This ongoing role happens in partnership with UNAIDS/TND, and represents interest and support to the National Facilitation Team.

## **Achievements, learning, and challenges**

**By April 2002, the team had completed some demonstration activity** in the form of visits to Kafue Gorge and Mpika,<sup>x</sup> as well as the documentary work of the workshop report, and the terms of reference. Opportunities had already been taken by teammembers to share about the new initiative, in Burkina Faso, in Thailand, in Uganda and Rwanda. Through UNAIDS support it has been possible for the team to share their experience in person.

The interaction with Kafue Gorge, consisting of three visits within six months, has been an experience in shifting expectations on all sides. Team members come from different organizations or groups, and have their own traditional or automatic ways of working. They are learning to let go some of the tendency to provide solutions, in order to focus on the community’s own responses. The team reflections show an increasing awareness of the members’ own, inherited, organizational behavior which can suppress community responses. At the same time, the communities around Kafue Gorge are shifting their expectation from provision by the outsiders, and have a new recognition of the resources they have within. New linkages have been made, and the communities have been encouraged by direct connections with groups such as the Network of Zambians Living with HIV/AIDS (ZNP+), and Kara Counselling center, which they can use to strengthen their own local response.

Team members, who belong to networks and organizations already existing within Zambia, were asked, “How is this different from a network? How is it different from an organization?” [From interviews with team members, including Estella Mbewe and Sue Clay, by A.Rader, 18 March 2002]

- *Getting to know the community capacity to respond, adapt and care is unlike a network.*
- *It differs from an organization by looking for what is there, coming alongside without being fixed on putting something in, not going and doing.*
- *We are learning as we go, coming from different experiences and expectations, yet the workshop gave us common ground, so we keep trying to work according to that, and check ourselves to adapt away from automatic provision. In the end, it is empowering for us as well as for the community.*
- *Maximum reflection on meanings*
- *Intent to shift power*

**The first synthesis meeting** took place on 15 April with 15 people attending, including two from the UNAIDS/TND unit to lend support.<sup>xi</sup> To create a meeting time convenient for such a diverse group was not easy, but the motivation of the group to meet is high. The synthesis time was felt to be very helpful in reinforcing the principles and vision within the extended team. One highlight was the realization that the people of Kafue Gorge are also potential teammates, and some should be invited to join a team visit to another place.

A series of questions were used as a self-test, as follows:

1. Have we supported local responses, through  
Affirming actions that members of the community are already taking  
Helping to bring the community around these existing actions  
Strengthening the way of working within local organizations
2. Have we learned from local experiences and action?
3. Have we facilitated community-to-community transfer?
4. Have we incorporated lessons learned into the organizations or groups we represent?

### **What are some of the lessons learned from our experience so far?**

[comments drawn from synthesis meeting, 15 April 2002]

*We learned as a SALT team to adapt ourselves to the community responses...to gain confidence...adapt...become more flexible...facilitate.*

*'Tiny' financial contributions can make a huge difference – we CAN accompany every community.*

*People take the initiative on their own to care for one another*

*Communities are not 'down', they are able to initiate actions in response to HIV. The community believes in itself that it has capacity to respond.*

*Communities actually empower organizations.*

*We recognize the opportunity for synergy between community and organizations, at the moment when everyone is asking, what do we do now, and before we go back into corners.*

## **Challenges**

The need is already felt for a more fully available coordinator to keep the process moving. Four challenges are clear at this point:

- 1) The release of team members in other provinces to take initiative, which is linked to the understanding and support of organizations to allow their employees to take part;
- 2) Identification and invitations from communities – prioritizing choice of communities in areas for strategic reasons (e.g., to open the process in areas where few organizations are working, in under-resourced or less-responsive areas); linked to
- 3) the strategy for districts to develop this function (note again that this is not a new structure, but rather a function which has been lacking within existing structures outside of the community context itself);
- 4) How to incorporate new team members with interest and valuable experience, into the common ground of agreed vision and ways of working (note again that otherwise this process could become a new structure which would duplicate structure and role of existing organizations and thereby lose its purpose).

## **Conclusion**

The conclusion is that this process is just beginning. The description in these pages represents early stages of development in a daring venture, an attempt by organizations to approach communities unarmed with prefabricated solutions, to come together on the basis of conviction that there is more to learn.

Collaboration by organizations and community members can work well. The following elements have been key:

1. Shared vision: of Human Capacity Development, based on human potential to care, to change, and to belong together; of the local response which says that 'every community can'.
2. Approach analysis: shared ways of working. Support and learn, see strengths, affirm response, reflect on organizational role, distinguish between local approach and the facilitation team approach, ask strategic questions, briefing/debriefing to create an ongoing learning cycle from each interaction of the team, as well as periodic synthesis and analysis
3. Valued respective strengths of the members and their organizations
4. Agreed desired outcomes: capacity development results including stronger local responses, organizational behavior more consistent with the vision, horizontal transfer of learning and action including communities and organizations.

In June of 2002 a Human Capacity Development Workshop will be held in Rwanda, with participation and support from the Zambia facilitation team. The team members are already a resource for the response in another country. This kind of transfer of vision and concept is an influence for scaling up by participation from one country to another.

Each country effort will require nurture and encouragement, because the National Facilitation Team represents a serious effort to go to scale throughout a country, according to strengths of culture, community, and national responsibility.

These experiences, although in the early stages, should be a source of encouragement to all people exploring the idea of Human Capacity Development as a foundation to national and global response.

---

<sup>i</sup> UNAIDS/TND Technical Note 1: Action Learning in the Response to HIV/AIDS, Jan.2002

<sup>ii</sup> A Culture of Facilitation, as a means of sustaining change and hope in responses to AIDS and HIV. Campbell, I; Rader, A; Moody, R;. 1998, The Salvation Army International Headquarters, London. ([Ian\\_Campbell@salvationarmy.org](mailto:Ian_Campbell@salvationarmy.org) )

<sup>iii</sup> Network and Organizational Learning Through Local Action and Experience; a human capacity development workshop process to support scaling up integrated care and prevention. Campbell, I; Rader, A; August 2001, The Salvation Army International Headquarters, London .([Ian\\_Campbell@salvationarmy.org](mailto:Ian_Campbell@salvationarmy.org))

<sup>iv</sup> UNAIDS Strategy Note, October 2001, regarding the formation of the Technical Network Development Unit to work in the context of Human Capacity Development.

<sup>v</sup> A Short Note on HIV/AIDS Competence, November 2001, The Salvation Army International Headquarters ([Ian\\_Campbell@salvationarmy.org](mailto:Ian_Campbell@salvationarmy.org) ). Thoughts in preparation for discussion, drawn from UNAIDS ‘best practice’ on Phayao, Thailand (2000), technical notes 1,2,3 on ‘local response’, a draft paper by Joseph DeCosas on ‘Social Ecology’ and examples of ‘local community capacity development’ from diverse cultural situations seen in Salvation Army programs.

<sup>vi</sup> Going to Scale on HIV/AIDS Prevention and Control in Zambia: A case for applied systems thinking and creativity. Orobato, Nosa, 2001. Zambia Integrated Health Programme, Lusaka.

<sup>vii</sup> Human Capacity Development: Learning from local action and experience. Lucas, Sue in collaboration with Rader, Duongsa, Mphuka, Campbell, June 2002. UNAIDS TND Unit, Geneva.

<sup>viii</sup> Mpika Workshop Report, 3-5 April 2002. Available from Churches Health Association of Zambia (CHAZ), Lusaka. ([mphuka@zamnet.zm](mailto:mphuka@zamnet.zm) )

<sup>ix</sup> Human Capacity Development Workshop, October 2001, Chikankata Zambia. Churches Health Association of Zambia (CHAZ), Lusaka ([mphuka@zamnet.zm](mailto:mphuka@zamnet.zm) ).

<sup>x</sup> Reports available for visits to Kafue Gorge and Mpika from CHAZ, Lusaka. ([mphuka@zamnet.zm](mailto:mphuka@zamnet.zm) )

<sup>xi</sup> SALT Synthesis Report, 15 April 2002, CHAZ, Lusaka. ([mphuka@zamnet.zm](mailto:mphuka@zamnet.zm) )